

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 124

Place of Birth
(Registration District)

SEX OF CHILD

Twin
Triplet
or Other?

and

Number
in order
of birth

DATE OF BIRTH

(Month)

(Day)

(Year)

FATHER
FULL NAME

MOTHER
FULL MAIDEN NAME

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

I HEREBY CERTIFY that the child described herein
has been named

Anna Louise Ray
(Give name in full) (Surname)

Anne E. Mickelson Ray
(Parent's Signature)

(Signature of Physician or Midwife)

198-915-145